LFPL INCIDENT REPORT - DRAFT

Branch:_____ Reported by:_____ Date:_____ Time:_____
Incident Type:_____

1) INVOLVING
Name:_____Address:_____Zip:_____
Phone:_____ Physical description:_____
Record ID:_____ Previous offense? ○ No ○ Yes Date:_____
Information verified by:_____(ex: verbal, staff, LFPL card, ID card, Polaris, etc.)
Ban recommended? ○ Yes Length:_____ ○ No Ban Recommended

Name:_____ Address:_____ Zip:_____
Phone:_____ Physical description:_____
Record ID:_____ Previous offense? ○ No ○ Yes Date:_____
Information verified by:_____(ex: verbal, staff, LFPL card, ID card, Polaris, etc.)
Ban recommended? ○ Yes Length:_____ ○ No Ban Recommended

Name:_____ Address:_____ Zip:_____
Phone:_____ Physical description:_____
Record ID:_____ Previous offense? ○ No ○ Yes Date:_____
Information verified by:_____(ex: verbal, staff, LFPL card, ID card, Polaris, etc.)
Ban recommended? ○ Yes Length:_____ ○ No Ban Recommended

Name:_____ Address:_____ Zip:_____
Phone:_____ Physical description:_____
Record ID:_____ Previous offense? ○ No ○ Yes Date:_____
Information verified by:_____(ex: verbal, staff, LFPL card, ID card, Polaris, etc.)
Ban recommended? ○ Yes Length:_____ ○ No Ban Recommended

Name:_____ Address:_____ Zip:_____
Phone:_____ Physical description:_____
Record ID:_____ Previous offense? ○ No ○ Yes Date:_____
Information verified by:_____(ex: verbal, staff, LFPL card, ID card, Polaris, etc.)
Ban recommended? ○ Yes Length:_____ ○ No Ban Recommended

2) POLICE OR NON-EMERGENCY CALLED? ○ No ○ Yes Time of call:_____
Arrival time:_____ Officer(s):_____ Report #_____

3) FIRE or EMS CALLED? ○ No ○ Yes Time of call:_____
Arrival time:_____ Unit #:_____ Transported to:_____

4) CHILD PROTECTIVE SERVICES or ADULT PROTECTIVE SERVICES CALLED? ○ No ○ Yes
Report #:_____ Taken by:_____

LIST THE NAMES OF ALL STAFF MEMBERS AND SECURITY GUARDS WHO WERE INVOLVED IN THE INCIDENT, PRESENT DURING THE INCIDENT AND/OR WITHIN THE VICINITY OF THE INCIDENT (WITHIN VIEW, EARSHOT, ETC.)

DESCRIPTION OF INCIDENT: